

Employment Eligibility Verification

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

Department of Homeland Security U.S. Citizenship and Immigration Services

START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information the first day of employment, b			and sign Sec	tion 1	of Form I-9 no later
Last Name (Family Name)	First Name (Given Name,	Middle Initial	Other Names	Used (if any)
Address (Street Number and Name)	Apt Number	City or Town	Sta	ate	Zip Code
Date of Birth (mm/cfd/yyyy) U.S. Social	Security Number E-mail Address	S		Telep	hone Number
am aware that federal law provide connection with the completion of t		nes for false statements	or use of fa	lse do	cuments in
I attest, under penalty of perjury, th A citizen of the United States A noncitizen national of the United	,	llowing):			
A lawful permanent resident (Allei	•	Number):			
An allen authorized to work until (expl	•	•			ite "N/A" in this field.
For allens authorized to work, pro	vide your Alien Registration N	umber/USCIS Number OI	R Form I-94 A	Admiss	lon Number:
Allen Registration Number/USC OR	IS Number:	NJ		Do N	3-D Barcode ot Write in This Space
2. Form I-94 Admission Number:					
If you obtained your admission States, include the following:	number from CBP in connecti	on with your arrival in the	United		
Foreign Passport Number:				L	***************************************
Country of Issuance:	· · · · · · · · · · · · · · · · · · ·				
Some aliens may write "N/A" or	the Foreign Passport Numbe	r and Country of Issuance	fields. (See	instruc	ctions)
Signature of Employee.			Date (mm/do	<i>!/yyyy</i>):	
Preparer and/or Translator Cert employee.)	ification (To be completed a	nd signed if Section 1 is p	repared by a	persor	n other than the
attest, under penalty of perjury, the information is true and correct.	at I have assisted in the con	pletion of this form and	that to the l	est of	my knowledge the
Signature of Preparer or Translator:				Date (mm/dd/yyyy);
Last Name (Family Namo)		First Name (Give	n Name)		
· · ·					

Section 2. Employer or Authorized Representative Review and Verification (Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR exemine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.) Employee Last Name, First Name and Middle Initial from Section 1: List A OR List B AND List C Identity and Employment Authorization Identity **Employment Authorization** Document Lille Document Title: Document Title: Issuing Authority: Issuing Authority: Issuing Authority: Document Number: Document Number Document Number Expiration Date (if any)(mm/dd/yyyy). Expiration Date (if any)(mm/dd/yyyy): Expiration Date (if any)(mm/dd/yyyy). Document Title. Issuing Authority: Document Number: Expiration Date (if any)(mm/dd/yyyy): 3-D Barcode Do Not Write in This Space Document Title; Issuing Authority: Document Number. Expiration Date (if any)(mm/dd/yyyy): Certification I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States. (See Instructions for exemptions.) The employee's first day of employment (imm/dd/yyyy): Date (mm/dd/yyyy) Signature of Employer or Authorized Representative Title of Employer or Authorized Representative Last Name (Family Name) First Name (Given Name) Employer's Business or Organization Name Employer's Business or Organization Address (Street Number and Name) | City or Town Zip Code State Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.) A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy): C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below. Document Number: Expiration Date (if any)(mm/dd/yyyy): Document Title:

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:

LISTS OF ACCEPTABLE DOCUMENTS All documents must be UNEXPIRED

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

	LIST A Documents that Establish Both Identity and		LIST B Documents that Establish Identity		LIST C Documents that Establish Employment Authorization		
	Employment Authorization		1A	ND			
	U.S. Passport or U.S. Passport Card Permanent Resident Card or Allen Registration Receipt Card (Form I-551)		Oriver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as	1.	A Social Security Account Number card, unless the card includes one of the following restrictions:		
3.	Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		name, date of birth, gender, height, eye color, and address		(1) NOT VALID FOR EMPLOYME (2) VALID FOR WORK ONLY WIT INS AUTHORIZATION		
			ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or	2.	(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION		
4.	Employment Authorization Document that contains a photograph (Form I-766)		information such as name, date of birth, gender, height, eye color, and address		Certification of Birth Abroad Issued by the Department of State (Form FS-545)		
5	For a nonimmigrant allen authorized to work for a specific employer	3	3. School ID card with a photograph	3.	<u> </u>		
<i></i>			Voter's registration card		Issued by the Department of State (Form DS-1350)		
	because of his or her status: a. Foreign passport; and		5. U.S. Military card or draft record		Original or certifled copy of birth		
	b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the allen's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.	ŀ	6. Military dependent's ID card		certificate Issued by a State,		
		7	7. U.S. Coast Guard Merchant Mariner Card		county, municipal authority, or territory of the United States bearing an official seal		
		ε	3. Native American tribal document	5,	Native American tribal document		
		Fo	Driver's Ilcense Issued by a Canadian government authority		U.S. Citizen ID Card (Form I-197)		
			For persons under age 18 who are unable to present a document listed above:	7.	Identification Card for Use of Resident Citizen in the United States (Form I-179)		
6.	Passport from the Federated States of				Employment authorization		
	Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		10. School record or report card 11. Clinic, doctor, or hospital record		document issued by the Department of Homeland Security		
		1			,		
		12	2. Day-care or nursery school record				

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the Instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.